

ADAM'S HATS



Holiday Booking Form

Dates requested: From _____
To _____

Preferred location _____

Child's details

Name of child patient _____

Male/female _____

Date of birth _____

Ethnic origin _____

Home address _____

Home telephone _____

Mobile _____

Email address _____

Names of family/friends accompanying child

Relationship to child	Name	Age if under 18
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1 _____

2 _____

3 _____

4 _____

5 _____

Child's condition

Date of diagnosis/relapse _____

Type of cancer diagnosed

Is the child on active treatment? Y/N

If Yes, date of last active treatment? _____

Financial assistance

How will you travel to Holiday Property Bond accommodation?

Car/Train/Coach

Do you need financial support for travel/food costs? Yes/No

To whom should expenses cheque be payable? _____

Social worker details

Name of nominating social worker _____

Telephone _____

Hospital attended _____

Approval from medical team given on
Date _____

Signature of social worker _____

Return of completed booking form

Adam's Hats

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